

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7001 2510 0006 6348 5710

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

CERTIFIED MAIL



7001 2510 0006 6348 5710

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark  
Here

Total Postage

Sent To

Street, Apt. No.,  
or PO Box No.

City, State, ZIP+4

Vena Marshall  
4308 Gallia Street  
New Boston, OH 45662

PS Form 3800, January 2001

See Reverse for Instructions